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ABSTRACT

A preschool intervention program for handicapped children in Wheeling, Illinois provides a noncategorical approach to developing positive self-concepts, which are thought to lead to greater success in learning. Referrals of children at risk for developmental delay come from a variety of sources, including parents, doctors, hospitals, and vision and hearing professionals performing screening in the district. An Individualized Education Program is written for each child in the program, with objectives specified for language, motor coordination and other basic skills. Evaluations of the children and the program are ongoing. Followup of former project students revealed that 36% were involved in regular classes. A component of the program that involves parents features such aspects as parent observation and participation, workshops, and parent study groups. (CL)

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The Preschool Special Education Program of School District 21

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THE PRESCHOOL SPECIAL EDUCATION PROGRAM OF SCHOOL DISTRICT 21

Recently, there has been renewed interest in early intervention programs because of research which indicates long term gains to preschoolers enrolled in such projects. Schweinhart and Weikart (1980), in their Perry Preschool Project, describe these gains to be the following at adolescence: less years in special education, a decrease in delinquent behavior, significant improvement in school achievement, and a greater commitment to the value of schooling. Another example of a unique intervention program, the Preschool Program of School District 21 (Wheeling, Illinois), will be described in the following sections.

The Preschool Program was set up during the 1972 school year to meet state requirements (House Bill #322 and #323) and federal regulations (P.L. 94-142) to provide for preschool children, ages 3 to 5, who have developmental delays. These delays could be in the areas of language, social-emotional, fine and gross motor, and in cognition. The goals of this non-categorical project are to meet the needs of all the preschoolers enrolled and to assist in developing in each child a positive self-concept that will lead to success in learning and in later life.

The Program consists of 3 classrooms of 6 sessions, serving

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60 preschoolers. Each teacher is fully qualified in the area of special early childhood education. In accordance with state requirements for special preschool programs, each class has a full-time aide to meet the 5 to 1 ratio of children to teachers. The program also has 2/5 of a speech and language therapist's time which is spent screening, doing therapy both in the classroom, in small groups, and with individual children as well as participating in parent conferences and staffings. A part-time psychologist organizes and conducts screenings and parent involvement programs, as well as doing on-going evaluations of the children. A part-time occupational therapist and physical therapist are also assigned to the Program when necessary, and a school nurse provides the necessary health services such as screening for hearing and vision. In addition, bus transportation is provided for each student.

In order to facilitate identification of possible high risk children, information about the availability of the program is disseminated by the following means: an annual article in the neighborhood newspaper, posters placed in neighborhood stores, and a one page description of the program is sent to interested pediatricians, pediatric neurologists, parents, nursery schools, and day care centers. Referrals of children for preschool screening are taken by the special education department of the District from parents, District 21's preschool vision and hearing screening program, in which every preschooler in the District is screened, doctors, parent infant education programs, District 21 staff, and neighborhood nursery schools, day care centers,

as well as Head Start Programs. The break down of referral statistics for the 1982 school year was as follows:

Sources of Referral	Numbers of Children
parents	45
doctors/hospital clinics	3
parent infant education programs	2
Head Start/nursery schools, day care centers	10
District 21 staff	5
vision and hearing screenings	6

Screenings are scheduled periodically throughout the school year as per the number of referrals. Screenings take place in a play setting, which is a natural environment for preschoolers. Six to eight children are brought in for a single screening session. The screening team consists of psychologists, speech and language therapists, early childhood educators, occupational therapists, school nurse, and bilingual coordinator if necessary. As the children play, the members of the screening team interact with the children, observing and evaluating the developmental status of each child by means of checklists. These checklists contain target behaviors which have been compiled from developmental guidelines and tests. Following screening, the team discusses their observations of each child; the child's developmental status is estimated, and recommendations to be made to the parents are outlined. These findings are shared with the parents by means of conferences.

If the team and parents have questions or concerns about

a child's development, a recommendation is made to write an individualized education program (IEP) with long term goals and objectives. After this is completed, the preschooler is staffed into the Preschool Program. During the next thirty days, further information is gathered about the child through testing and observation performed by the classroom educators, speech and language therapists, psychologists, and occupational therapists. In addition, vision and hearing screenings are performed by the school nurse if not previously accomplished. The reasons for program placement for the 1982 school year were as follows:

Types of Problems	3 yr.	4 yr.	5 yr.	Total
Language	14	12		26
L.D. - attention span	4	8		12
Slow learners		1	3	4
Motor - gross and fine	1	1		2
Behavior	3	9		12
Multiple problems	6	7	2	15
Total	28	38	5	71

The behavioral goals for each preschooler are met through the general curriculum. Within the context of any given activity, the teacher has in mind specific goals for each child. The level of expectation varies according to the child's ability level. Individual language goals are met through structured and informal language learning. Some of the materials utilized for structured language learning are: Peabody Early Experience

Kit (PEEK), Peabody Language Kit (Level P), GOAL, Developmental Learning Materials (DLM), and Early Childhood Education by David Lillie. Informal language development is stimulated through modeling and verbal reinforcement by the teachers. These techniques are used throughout the preschool session but especially in the following activities: cooking and food preparation, snack time, finger plays, stories, rhymes, music, and Show and Tell time.

Training in gross motor coordination is accomplished through the use of games, rhythms, outdoor and indoor free play, balance beam activities, ball games, obstacle courses, climbing equipment, and thru lessons adapted from the Motor Facilitation Program of School District 21. Training in fine motor coordination is facilitated by practice with pegboards, puzzles, small building blocks, stencils, cutting, and other arts and crafts activities. In the area of cognition, activities involving color and shape recognition, counting skills, and reasoning and thinking are encouraged. Social perception, emotional security, and independence are facilitated through structured programming in behavior modification, especially emphasizing the use of positive reinforcement in the form of social praise; also important in this area is the stress on group cooperation, self-help skills and the acceptance of each child at his or her individual level of development. We then work upward in small steps with the child making sure that he/she is successful and receives a great deal of positive reinforcement in the form of precise

praise so that a positive attitude is built toward school.

Evaluations of each preschooler are on-going and are accomplished through individualized testing performed by the classroom teacher, speech and language therapist, the psychologist, and the occupational therapist. The Brigance Inventory Of Early Development is utilized by the teacher as a criterion-referenced instrument. Each child is enrolled in the project on a trimester basis which enables the staff, based on their evaluations and parent agreement, to phase out children who no longer require the program. When a preschooler is terminated from the Program, a staffing is held with the parents to review the child's progress and to discuss alternative placements. The options of placement are: regular nursery school and kindergarten, developmental kindergarten which is offered by the District, and self-contained special education placements.

One measure of program evaluation is the successful academic and social adjustment of former preschoolers as they move into regular District classes. Procedures for follow-up include memo's sent to the principal, speech therapist, and psychologist of the receiving school with recommendations for a former preschooler who enters regular kindergarten. During the 1981 school year, evaluation forms were distributed to all kindergarten teachers in the District who had former preschoolers from the Project. The teachers were asked to rate how the children were functioning in the kindergarten classrooms. Teacher reports obtained at that time indicated that the majority of

the children were doing well; frequent comments in these reports referred to the students' positive attitude toward school and learning, good self images, and maturity. The major handicap to longer range follow-up is the large percentage of children who move out of the District. Data obtained indicated that of the 140 children who had been enrolled in Preschool between January, 1977 and June, 1981:

31% moved

36% regular classes (kindergarten, first, second, third grades)

10% still in Preschool

8% Developmental Kindergarten

6% L.D. Resource Room and Regular Classroom

5% L.D. Self-contained Room

4% E.M.H.

However, closing the gap for children with developmental delays cannot be done solely within the classroom setting. Parents are a vital part of the process. The Preschool Program is continually attempting to involve the parents. The parent program has developed to include the following: regularly scheduled conferences, parent observation and participation in classroom settings, a parent advisory committee with room mother coordinators, workshops, and parent study groups to discuss questions and concerns parents have about their children. Weekly newsletters also are written by the teachers to communicate with the parents; in these letters are suggested activities which can be done at home with the children to reinforce the school curriculum.

As indicated in this description of the Preschool Program of School District 21, an eclectic, practical, down to earth approach and philosophy is stressed by the staff in order to best meet the needs of the preschoolers enrolled. This approach is perhaps the real uniqueness of the Program!

References

Schweinhart, L.J. and Weikart, D.P. Young children grow up. Ypsilanti, Michigan: High Scope Press, 1980.